



TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/485,245-Conf. #1697
	Filing Date	March 27, 2000
	First Named Inventor	Alison Hopkins
	Art Unit	1637
	Examiner Name	C. B. Wilder
Total Number of Pages in This Submission	Attorney Docket Number	28911/36128

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MARSHALL, GERSTEIN & BORUN LLP		
Signature			
Printed name	Jeffrey S. Sharp		
Date	December 13, 2004	Reg. No.	31,879

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV456046993US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 13, 2004

Signature: (Juan Quintero)



USE IN LIEU OF PTO/SB/17 (11-04)
Reflects USPTO filing fees in effect from 12/___/04

FEE TRANSMITTAL

For FY 2005

(Reflects USPTO filing fees in effect from 12/___/04)

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 950.00

Complete if Known

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Attorney Docket No.	28911/36128

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order
☐ Deposit Account ☐ None

Deposit
Account
Number

13-2855

Deposit
Account
Name

MARSHALL, GERSTEIN &
BORUN LLP

The Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
☐ Charge fee(s) indicated below, except for the filing fee
☐ Charge any additional fee(s) or any underpayment of fee(s)
under 37 CFR 1.16 and 1.17
☒ Credit any overpayments

to the above-identified deposit account.

☐ Other (please identify):

FEE CALCULATION

1. BASIC FILING FEE

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	300	150	
Design/Design CPA Filing Fee	200	100	
Plant Filing Fee	200	100	
Reissue Filing Fee	300	150	
Provisional Filing Fee	200	100	

1a. ADDITIONAL FILING FEES

Utility Search Fee	500	250	
Design Search Fee	100	50	
Plant Search Fee	300	150	
Reissue Search Fee	500	250	
Utility Examination Fee	200	100	
Design Examination Fee	130	65	
Plant Examination Fee	160	80	
Reissue Examination Fee	600	300	
Application Size Fee, each add'l 50 sheets > 100 sheets	250	125	

Subtotal (1) and (1a.) \$ 0.00

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	50	25
Each independent claim over 3	200	100
Multiple dependent claims	360	180
For Reissues, each claim over 20 and more than in the original patent	50	25
For Reissues, each independent claim more than in the original patent	200	100

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-	=	x	=

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-	=	x	=

Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)

Subtotal (2) \$ 0.00

3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid
1-month extension of time	120	60	
2-month extension of time	450	225	450.00
3-month extension of time	1020	510	
4-month extension of time	1,590	795	
5-month extension of time	2,160	1,080	
Information disclosure stmt. fee	180	180	
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	500	250	500.00
Filing a brief in support of appeal	500	250	
Request for oral hearing	1,000	500	

Other:

Subtotal (3) \$ 950.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	31,879	Telephone	(312) 474-6300
Name (Print/Type)	Jeffrey S. Sharp	Date	December 13, 2004		

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